	EXPRESS MA	IL LABE	三し、 「	V 21 9 06	192903	o o	ne en e	
	IDA (TRANSMITTAL			0 0	
mplete and send	his form, together wi				SSUE FEE	مرخت	#	
	<u> </u>	02	103/05	P.O. Box 14	150	2 1 450	41-	
725	B 0 1 2005 点		or F	Alexandria ax (703) 746-40	, Virginia 2231. 100			
INSTRUCTIONS: The for appropriate. All further indicated unless corrected maintenance fee notification	m should be tood for trar respondence toolding the below of the red otherwise	nsmitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and Plers and notification in specifying a	UBLICATION FEE (cation of maintenance new correspondence a	f required). Blocks fees will be maile ddress; and/or (b) i	through 5 s d to the current ndicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
	E ADDRESS (Note: Use Block 1 for						or domestic mailings of the	
024353 7590 11/09/2004				papers. Each ac	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
BOZICEVIC, FII	ELD & FRANCIS L Y AVE	LP		I hereby certify	Certificate of M that this Fee(s) Tra	lailing or Trans	smission g deposited with the United	
SUITE 200			States Postal Se addressed to the	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
EAST PALO ALT 000 SIBHEN 2005/80/2	transmitted to the	transmitted to the USPTO (703) 746,4000, on the date indicated below. (Depositor's name)						
					(Signature)			
FC:2501 700.00 DA PFC:1504 300.00 DA RFC:8001 30.00 DA								
APPLICATION NO.	FILING DATE	I	IRST NAMED	INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
10/090,698	03/04/2002		Joseph M	furray	AGYT	-011CIP2	5398	
TITLE OF INVENTION: AUTOMATED PATHWAY RECOGNITION SYSTEM								
	·							
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E -82	PUBLICATION FEE	TOTAL	EE(S) DUE	DATE DUE	
nonprovisional	YES	-\$683	5700	\$300		100000	02/09/2005	
EXAMINER		ART UNI	ART UNIT			•		
KIM, YO	OUNG J	1637		702-019000				
1. Change of correspondence	e address or indication of "F	ec Address" (37	2. For printi	ng on the patent front p	page, list	.D1-	T C11	
Change of correspondence address (or Change of Correspondence or agen				of up to 3 registered patent attorneys alternatively, of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3 Rebecca D. Taylor			a D. Taylor		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT ((print or type)				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
(A) NAME OF ASSIGN	37 CFR 3.11. Completion	of this form is NOT	a substitute fo	or filing an assignment.	-		ocument has been filed for	
(A) NAME OF ASSIGNI	37 CFR 3.11. Completion	of this form is NOT	a substitute fo	or filing an assignment.	R COUNTRY)	nia	ocument has been filed for	
	137 CFR 3.11. Completion EE	of this form iš NOT (B)	a substitute for RESIDENCE South S	or filing an assignment. :: (CITY and STATE Comments of the comment of the comme	or COUNTRY)		outlient has been fried for	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are	assignee category or category	of this form is NOT (B) wries (will not be printed to the printed	RESIDENCE South S nted on the pat	or filing an assignment. I: (CITY and STATE Comment of the state of t	COUNTRY) Californ Corporation or			
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee	assignee category or categorenclosed:	of this form is NOT (B) bries (will not be pride) 4b.	RESIDENCE South S Inted on the pat Payment of Fo A check in	or filing an assignment. I: (CITY and STATE Community and Franciscoment): Individual coc(s): The amount of the fee(s)	Californ Copporation or			
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No si	assignee category or categorenclosed:	of this form is NOT (B) pries (will not be pri 4b.	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by	or filing an assignment. I: (CITY and STATE Content): Individual coe(s): The amount of the fee(sy credit card. Form PTC)	Corporation or S) is enclosed.	other private gro	oup entity Government	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No so Advance Order - # of	assignee category or categorenclosed: mall entity discount permitted to the complex of the comp	of this form is NOT (B) ories (will not be private) 4b.	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by	or filing an assignment. I: (CITY and STATE Content): Individual coe(s): The amount of the fee(sy credit card. Form PTC)	Corporation or S) is enclosed.	other private gro		
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Fee (No so Advance Order - # of	assignee category or categorenclosed: mall entity discount permitted to the complex of the comp	of this form is NOT (B) pries (will not be pries) 4b.	RESIDENCE South S noted on the pat Payment of Fo A check in Payment by The Direct	or filing an assignment. I: (CITY and STATE Content): Individual coe(s): The amount of the fee(sy credit card. Form PTC)	Californ Californ Corporation or s) is enclosed. 0-2038 is attached. d by charge the req	other private gro uired fce(s), or close an extra c	oup entity Government credit any overpayment, to opy of this form).	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Fee (No so Advance Order - # of	assignee category or categorenclosed: mall entity discount permitter Copies 10 (from status indicated above MALL ENTITY status. See is requested to apply the Issue Objection Fee (if required).	of this form is NOT (B) bries (will not be pricate) 4b. ed) 2) 37 CFR 1.27. ue Fee and Publicati will not be accepted	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Accou	an Francisco ent): Individual ec(s): the amount of the fee(s) y credit card. Form PTO for is hereby authorize ent Number 2000	Californ Californ Corporation or Si is enclosed. Co-2038 is attached. Do the property of the p	other private gro uired fee(s), or iclose an extra c	credit any overpayment, to opy of this form).	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Order - # of 5. Change in Entity Status a. Applicant claims Status The Director of the USPTO NOTE: The Issue Fee and property of the USPTO NOTE: The Issue F	assignee category or categorenclosed: mall entity discount permitter Copies 10 (from status indicated above MALL ENTITY status. See is requested to apply the Issue Objection Fee (if required).	of this form is NOT (B) ories (will not be pri 4b. ed) 37 CFR 1.27. ue Fee and Publicativill not be accepted ent and Trademark (RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Accou	an Francisco an Individual ace(s): the amount of the fee(s) are reported to the fee of the	Californ Californ Corporation or Si is enclosed. Co-2038 is attached. Do the property of the p	uired fee(s), or iclose an extra costatus. See 37 Ciece to the applicacy or agent; or the	credit any overpayment, to opy of this form).	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Order - # of 5. Change in Entity Status a. Applicant claims Status The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	assignee category or categorenclosed: mall entity discount permitted above MALL ENTITY status. See its requested to apply the Issu delication Fee (if required) works of the United States Pater A	of this form is NOT (B) ories (will not be pri 4b. et) 37 CFR 1.27. ue Fee and Publicativill not be accepted ent and Trademark (RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Accou	an Francisco an Individual acc(s): the amount of the fee(s) are continuous and the fee and form PTO and the fee and form t	Californ Californ Californ Si is enclosed. Co-2038 is attached. Cobb charge the requestion (er	uired fce(s), or iclose an extra cestatus. See 37 Ciee to the applicacy or agent; or the	credit any overpayment, to opy of this form).	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Order - # of 5. Change in Entity Status 1. Applicant claims Status The Director of the USPTO NOTE: The Issue Fee and Minterest as shown by the reconstruction. Authorized Signature Typed or printed name	assignee category or category category and category or	of this form is NOT (B) ories (will not be pringled) 4b. ed) 37 CFR 1.27. ue Fee and Publicativill not be accepted ent and Trademark (Company)	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Accou	ent): Individual ce(s): the amount of the fee(sy credit card. Form PTO tor is hereby authorize ant Number 10 or to re-apply any presther than the applicant Pate Regis	Californ Cal	uired fee(s), or close an extra constants. See 37 Cince to the applicacy or agent; or the second of	credit any overpayment, to opp of this form). FR 1.27(g)(2). tion identified above. he assignee or other party in	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No so Advance Order - # of Change in Entity Status a. Applicant claims Status The Director of the USPTO NOTE: The Issue Fee and pointerest as shown by the reco Authorized Signature Typed or printed name This collection of information an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virginia 22313-	assignee category or category	e) 37 CFR 1.27. ue Fee and Publicativill not be accepted ent and Trademark (www.demark) wwood 11. The information. 122 and 37 CFR 1.0. Time will vary (nould be sent to the SEND FEES OR C	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Account b. Applicar on Fee (if any) from anyone co Office.	ent): Individual ce(s): the amount of the fee(s) y credit card. Form PTC tor is hereby authorize int Number or to re-apply any pre ther than the applicant Date Regis obtain or retain a bene ction is estimated to ta n the individual case. A tion Officer, U.S. Pate FORMS TO THIS ADI	Californ Californ Californ So, Californ So, Californ So, Californ So, Is enclosed. Co-2038 is attached. Co-2038 is attached. Company Comp	uired fce(s), or iclose an extra contact status. See 37 Contact to the application of the second status to file (and inplete, including the amount of tinffice, U.S. Dept Commissioner	credit any overpayment, to opy of this form). FR 1.27(g)(2). Ition identified above, he assignee or other party in gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	
AGY Therapeu Please check the appropriate 4a. The following fee(s) are Issue Fee Advance Order - # of Change in Entity Status a. Applicant claims Status La Applicant claims Status Authorized of the USPTO interest as shown by the reconstruction of information an application. Confidential submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgi	assignee category or category	e) 37 CFR 1.27. ue Fee and Publicativill not be accepted ent and Trademark (www.demark) wwood 11. The information. 122 and 37 CFR 1.0. Time will vary (nould be sent to the SEND FEES OR C	RESIDENCE South S Inted on the pat Payment of Fo A check in Payment by The Direct Deposit Account b. Applicar on Fee (if any) from anyone co Office.	ent): Individual ce(s): the amount of the fee(s) y credit card. Form PTC tor is hereby authorize int Number or to re-apply any pre ther than the applicant Date Regis obtain or retain a bene ction is estimated to ta n the individual case. A tion Officer, U.S. Pate FORMS TO THIS ADI	Californ Californ Californ So, Californ So, Californ So, Californ So, Is enclosed. Co-2038 is attached. Co-2038 is attached. Company Comp	uired fce(s), or iclose an extra contact status. See 37 Contact to the application of the second status to file (and inplete, including the amount of tinffice, U.S. Dept Commissioner	credit any overpayment, to opy of this form). FR 1.27(g)(2). Ition identified above, he assignee or other party in gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	